

SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Tila</u>		BUREAU OF VITAL STATISTICS	
District of _____		State Index No. <u>181</u>	
Town of <u>Miami</u>		ORIGINAL CERTIFICATE OF BIRTH	
City of _____		Co. Registrar's No. _____	
(No. _____)		Local Registrar's No. _____	
St. _____		Ward _____	
FULL NAME OF CHILD <u>Henry Alvin Hunt</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>Male</u>	<u>Twin</u> Triplet or other	and	Number in order of birth <u>3</u>
		Legitimate? <u>yes</u>	Date of Birth <u>June 22 - 1921</u>
			Month Day Yr.
FATHER		MOTHER	
Full Name <u>Alfred Thomas Hunt</u>	Full Maiden Name <u>Bessie Stacey</u>		
Residence <u>Miami, Arizona</u>	Residence <u>Miami, Arizona</u>		
Color or Race <u>White</u>	Color or Race <u>White</u>		
Age at last Birthday <u>29</u> Years	Age at last Birthday <u>21</u> Years		
Birthplace <u>Georgetown, S.C.</u>	Birthplace <u>Toledo, Mo.</u>		
Occupation <u>Miner</u>	Occupation <u>Housewife</u>		
Number of child of this Mother <u>3</u>	Number of Children, of this mother, now living <u>3</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>June 22, 1921</u> at <u>7:30 A.M.</u>			
{ *When there is no attending physician or midwife, then the householder should make this return.			
Signature <u>D. M. Crow M.D.</u>			
Attending physician, midwife, householder.*			
Address <u>Miami, Arizona</u>			
Given or Christian name added from a supplemental report _____ 191			
883-622-228			
COUNTY REGISTRAR.			
Filed <u>June 30</u> 1921			
A True Copy			
Filed <u>July 1</u> 1921			
LOCAL REGISTRAR.			
COUNTY REGISTRAR.			